


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

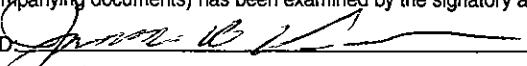
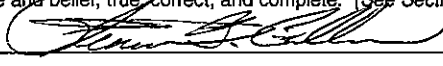
**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER 000-382	2. PERIOD COVERED MO DAY YEAR From 01 01 2000 Through 12 31 2000	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:						
<p>75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)</p> <table border="1"><tr><td>Item Number</td><td>Description</td></tr><tr><td>22</td><td>changes in Constitution - 2 copies attached</td></tr><tr><td>77</td><td>Treasurer out of state on vacation.</td></tr></table>				Item Number	Description	22	changes in Constitution - 2 copies attached	77	Treasurer out of state on vacation.	8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4
Item Number	Description									
22	changes in Constitution - 2 copies attached									
77	Treasurer out of state on vacation.									
4. AFFILIATION OR ORGANIZATION NAME										
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER								
7. UNIT NAME (if any)										
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	Description
22	changes in Constitution - 2 copies attached
77	Treasurer out of state on vacation.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED: 	PRESIDENT (If other title, see instructions.)	77. SIGNED: 	VICE PRESIDENT TREASURER (If other title, see instructions.)
3/28/01	(303) 650-8515	3/30/01	(303) 650-8515
Date	Telephone Number	Date	Telephone Number

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 3960

19. What is the date of your organization's next regular election of officers? MO 05 YEAR 2005

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 67000

21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 9.00 - 29.00 per <u>Month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>5 / 420</u>
(c) Transfer Fees	\$ <u>N/A</u>
(d) Work Permits	\$ <u>N/A</u> per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes No
☒
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☒

24. Did your organization have any contingent liabilities at the end of the reporting period? ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 000-382

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
ASSETS	25. Cash		19965	15991
	26. Accounts Receivable		0	556
	27. Loans Receivable	1	0	0
	28. U.S. Treasury Securities		0	0
	29. Investments	2	0	0
	30. Fixed Assets	5	5402	4053
	31. Other Assets	3	0	1521
	32. TOTAL ASSETS		25367	22121
LIABILITIES	33. Accounts Payable		995	52
	34. Loans Payable	8	0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	7727	7207
	37. TOTAL LIABILITIES		8722	7259
	38. NET ASSETS (Item 32 less Item 37)		16645	14862

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 000-382

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		525026	56. To Officers	9	114239
40. Per Capita Tax		0	57. To Employees	10	114095
41. Fees		2290	58. Per Capita Tax		0
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		0	60. Office & Administrative Expense	13	55662
44. Work Permits		0	61. Educational & Publicity Expense ...		0
45. Sale of Supplies		0	62. Professional Fees		93702
46. Interest		0	63. Benefits	11	11070
47. Dividends		0	64. Contributions, Gifts & Grants	12	39
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		19749
50. Loans Obtained	8	0	67. Withholding Taxes		54264
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	7280
52. On Behalf of Affiliates for Transmittal to Them		136612	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	144	71. To Affiliates of Funds Collected on Their Behalf		118393
			72. On Behalf of Individual Members ...		0
			73. Other Disbursements	15	81740
55. TOTAL RECEIPTS		664072	74. TOTAL DISBURSEMENTS		670233

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 000-382

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> ↑ Item 27 Column (A) ↑ Item 69 ↑ Item 51 ↑ Item 75 with Explanation ↑ Item 27 Column (B) </div>					

SCHEDULE 2 — INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: 000-382

SCHEDULE 3 — OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in _____ Item 29, Column (B)	

Description (A)	Book Value (B)
1. Petty Cash	17.98
2. Undeposited Funds	106.50
3. Travel Advance	1396.98
4. _____	
5. _____	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1521
Enter the Total from Line 7 in _____ Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. 4 th Qtr 941 Tax	5127.92
2. 4 th Qtr State Unemp.	27.09
3. 4 th Qtr State Inc. Tax	2039.00
4. FUTA	13.07
5. _____	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	7207
Enter the Total from Line 7 in _____ Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 000-382

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets	28282	24229	4053	10000
8. Totals of Lines 1 through 7			4053	
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	0
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 000-382

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. OFFICE FURNITURE & EQUIPMENT	6870		6870
2. FAXES FOR LOCALS	410		410
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
		7. Less Reinvestments	
		8. Net Purchases	7280
Enter the Total from Line 8 in [↑] Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in [↑] Item 34 Column (C) [↑] Item 50 [↑] Item 70 [↑] Item 75 with Explanation [↑] Item 34 Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 000-382

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*						
Last Name: 1. VISSAR First Name: JAMES Title: PRESIDENT Status: C			57181	0	7533	0	64714
Last Name: 2. GRAMC First Name: CHARLES Title: VICE PRESIDENT Status: P			6000	0	7360	0	13360
Last Name: 3. GILLER First Name: STEVEN Title: VICE PRESIDENT Status: C			37723	0	1096	0	38819
Last Name: 4. CARNEY First Name: JAMES Title: V PRES GSA Status: C			18493	0	776	0	19269
Last Name: 5. LUCIUS First Name: LANCE Title: V PPES NRC Status: C			1520	0	2510	0	4030
Last Name: 6. WARD First Name: RICHARD Title: SEC TREASURER Status: C			1043	0	0	0	1043
Last Name: 7. DANGERFIELD First Name: ANGIE Title: V PRES NRC Status: P			1418	0	0	0	1418
8. Totals from additional pages (if any)							
9. Totals of Lines 1 through 8			123378	0	19275	0	142653
					10. Less Deductions 28414		
Enter the Total from Line 11 in Item 56 ⇨					11. Net Disbursements 114239		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 000-382

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. <small>Last Name</small> DAVIS <small>First Name</small> EVELYN <small>Position</small> OFFICE STAFF <small>Name of Affiliated Organization</small>	16235	0	50	0	16285
2. <small>Last Name</small> DRUMRIGHT <small>First Name</small> BURTON <small>Position</small> OFFICE STAFF <small>Name of Affiliated Organization</small>	9965	0	884	0	10849
3. <small>Last Name</small> VANCE <small>First Name</small> LARONNY <small>Position</small> OFFICE STAFF <small>Name of Affiliated Organization</small>	13995	0		0	13995
4. <small>Last Name</small> HUFF <small>First Name</small> DONNA <small>Position</small> OFFICE STAFF <small>Name of Affiliated Organization</small>	33953	0	1864	0	35817
5. <small>Last Name</small> KELLY <small>First Name</small> JAMES D <small>Position</small> OFFICE STAFF <small>Name of Affiliated Organization</small>	17910	480	262	0	18652
6. Totals from additional pages (if any)	11891	0	19	0	11910
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	31917				31917
8. Totals of Lines 1 through 7	135866	480	3079	0	139425
			9. Less Deductions		25330
Enter the Total from Line 10 in..... Item 57 ➡			10. Net Disbursements		114095

SCHEDULE 11 — BENEFITS

FILE NUMBER: 000-382

Description (A)	To Whom Paid (B)	Amount (C)
1. Medical Insurance	Sloan's Lake Health Plan	10,385.99
2. Dental Plan	Alpha Dental Plan	683.81
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		11070
Enter the Total from Line 6		Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Labor Community Agency	39.00
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	39
Enter the Total from Line 8 in	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. POSTAGE	5700
2. TELEPHONE	29984
3. OFFICE SUPPLIES	8321
4. PRINTING + REPRODUCTION	6436
5. BANK CHARGES	170
6. EQUIPMENT RENTAL	5051
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	55662
Enter the Total from Line 8 in	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. UG SOA LOGO STICKERS	144
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	144
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. CONSULTING FEES	1080
2. CONTRACT LABOR	828
3. DUES & SUBSCRIPTIONS	743
4. INSURANCE + BONDING	1853
5. LATE FEES	50
6. MAINTENANCE	1545
7. MISCELLANEOUS	902
8. PUBLICATIONS	3553
9. RECRUITING	162
10. RENT	19461
11. WEB PAGE SER.	119
12. TRAVEL EXPENSES	51444
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	81740
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME: United Government Security Officers of America
 ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 000-382

PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: <u>PEAL</u> First Name: <u>DELORES</u> Position: <u>OFFICE STAFF</u> Name of Affiliated Organization:	<u>11891</u>	<u>0</u>	<u>19</u>		<u>11910</u>
Last Name: First Name: Position: Name of Affiliated Organization:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last Name: First Name: Position: Name of Affiliated Organization:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last Name: First Name: Position: Name of Affiliated Organization:	<u>0</u>	<u>0</u>		<u>0</u>	<u>0</u>
Last Name: First Name: Position: Name of Affiliated Organization:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Totals	<u>11891</u>		<u>19</u>		<u>11910</u>

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: 000-382

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
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Totals					